14 A substitute specification.	
15. A Change if power if attorney	and/or address letter.
16. Other items or information: b. Translation of Annexes to the	he Internatonal Preliminary Report, item 10
Express Mail No. EI279873555US	Date of Deposit: February 9, 1999
•	ng deposited with the United States Postal Service under 37CFR 1.10 on the date indicated

rus & lees

13.

A FIRST preliminary amendment.

Dolores Tillson
Printed Name

cubetitute enecification

A SECOND OR SUBSEQUENT preliminary amendment

09/214822	PCT/FR97/01232		14XZ00014		
17.  The following fees are submitted:			CALCULATIONS PTO USE ONLY		
BASIC NATIONAL FEE (37 CFR 1.492 (	a) (1) - (5)):				
Neither international preliminary examin	nation fee (37 CFR 1.482)				
nor international search fee (37 CFR 1.44 and International Search Report not prep		\$970.00			
International preliminary examination fe USPTO but International Search Report	e (37 CFR 1.482) not paid to prepared by the EPO or JPO	\$840.00			
International preliminary examination fe but international search fee (37 CFR 1.44					
International preliminary examination fe but all claims did not satisfy provisions o					
International preliminary examination fe and all claims satisfied provisions of PC					
ENTER A	PPROPRIATE BASIC FE	E AMOUNT =	\$		
Surcharge of \$130.00 for furnishing the oath months from the earliest claimed priority dat		<b>20 30</b>	\$		
CLAIMS NUMBER FILED	NUMBER EXTRA	RATE			
Total claims - 20 =		x \$18.00	\$		
Independent claims - 3 =	<u> </u>	x \$78.00	\$		
MULTIPLE DEPENDENT CLAIM(S) (if ap		-\$260.00	\$		
Reduction of ½ for filing by small entity, if a	TOTAL OF ABOVE C		\$		
also by filed (Note 37 CFR 1.9, 1.27, 1.28).	ppiicable. Verified Smail E	muly statement must	3		
		SUBTOTAL =	\$		
Processing fee of \$130.00 for furnishing the		<b>20 30</b>	\$		
than months from the earliest claimed priorit		NATIONAL FEE =	\$	· · · · · · · · · · · · · · · · · · ·	
Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be			\$		
accompanied by an appropriate cover sheet (					
	TOTAL	FEES ENCLOSED =	\$		
			Amount to be: refunded	\$	
			charged	\$	
			Charged	Ψ	
a. A check in the of \$ to cove					
b. Please charge my Deposit Account A duplicate copy of this sheet is er		of \$ to cover the	ne above fees.		
c.  The Commissioner is hereby authorough the count N				,	
[[[				PD 1 127 (-) (1)	
NOTE: Where an appropriate time limit u must be filed and granted to restor			eution to revive (3 / C	rk 1.137 (a) or (b))	
SEND ALL CORRESPONDENCE TO:		(	InPa.		
Jay L. Chaskin		Signa	yry Com	·	
GENERAL ELECTRIC COMPANY 3135 Easton Turnpike - W3C		17	L. Chaskin		
Fairfield, Ct. 06431					
		2403			
Form PTO-1390 (REV 10-95) page 2 of 2		REG	ISTRATION NUMBER		